



GNLCC

Capacity Grant for Travel

Name (last, first):

Position Title:

Organization Name

- ☐ Federal States
- ☐ Canada Federal
- ☐ Canada Provincial
- ☐ NGO
- ☐ Tribe
- ☐ Other (explain)

Phone:

Email:

Address:

Travel Dates:

- ☐ Travel to GNLCC meeting
- ☐ Travel to GNLCC supported event
- ☐ Other (explain)

Please describe the purpose for requesting travel assistance (address how your participation benefits your organization, the GNLCC, and mutual projects, products, information, programs or efforts)

Are you requesting:

☐ full travel coverage (mileage or airfare, lodging, per diem, etc.)

☐ partial travel coverage (check all that apply)

- ☐ mileage
- ☐ airfare
- ☐ rental car
- ☐ lodging
- ☐ per diem
- ☐ other (explain)
- ☐ other costs (explain)

Total estimated travel cost:

Email this form to: Yvette Converse, GNLCC Coordinator, yvette_converse@fws.gov